



Waste, Pesticides and Toxics Division

Type of Document: ☐ Notice of Violation and Inspection Report
☒ **No Violation Letter and Inspection Report**
☐ Letter of Acknowledgment
☐ Information Request
☐ Pre-Filing and Opportunity to Confer
☐ State Notification of Enforcement Action

Facility Name : Handschy Industries, Inc.

Facility Location: 120 25th Avenue

City: Bellwood State: Illinois

U.S. EPA ID# ILD 018 116 749

Assigned Staff Graciela Scambiatterra Phone: 3-5103

Name	Signature	Date
Author	<i>Graciela Scambiatterra</i>	1/24/07
Regional Counsel		
Section Chief	<i>Laura M. Jones</i>	1/24/07
Branch Chief		

Directions/Request for Clerical Support:

After the Section Chief/Branch Chief signs this sheet and original letter:

1. Date stamp the cover letter;
2. Make four copies of the contents of this folder:
 - One copy for the assigned staff;
 - One copy for the section file;
 - One copy for the branch file; and
 - One copy for the official file.
3. Make any additional copies for cc's or bcc's.
4. Mail the original certified mail and distribute office copies and cc's and bcc's.
Once the certified mail receipt is returned:
5. File the certified mail receipt (green card), with this sign-off sheet and the official file copy, and take to 7th floor RCRA file room;
6. E-mail staff the date that the letter was received by facility.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

JAN 25 2007

REPLY TO THE ATTENTION OF:
DE-9J

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Dominic Pontarelli
Plant Manager
Handschy Industries, Inc
120 25th Avenue
Bellwood, Illinois 60104

Re: Compliance Evaluation Inspection
EPA I.D. No.: ILD 018 116 749

Dear Mr. Pontarelli:

On May 11, 2006, a representative of the United States Environmental Protection Agency (U.S. EPA) inspected Handschy Industries, Inc (Handschy) located in Bellwood, Illinois. The purpose of the inspection was to evaluate Handschy's compliance with certain requirements of the Resource Conservation and Recovery Act (RCRA), specifically, those regulations related to the generation, treatment, storage and disposal of hazardous waste. Enclosed please find a copy of our inspection report.

As of this writing, based upon information available to U.S. EPA, our review of the inspection has not resulted in the detection of violations of any of the specific RCRA requirements under evaluation. This determination does not limit the applicability of the requirements evaluated, other RCRA regulations, or regulations under other environmental statutes. U.S. EPA and the Illinois Environmental Protection Agency (Illinois EPA) will continue to evaluate Handschy in the future.

If you have any questions or concerns regarding this matter, please contact Graciela Scambiatterra, of my staff, at (312) 353-5103.

Sincerely,

A handwritten signature in cursive script, reading "Lorna M. Jereza".

Lorna M. Jereza, Chief
Compliance Section 1
Enforcement and Compliance Assurance Branch

Enclosure

cc: Todd Marvel, Illinois EPA

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 W. JACKSON BOULEVARD
CHICAGO, IL 60604

COMPLIANCE EVALUATION INSPECTION REPORT

INSTALLATION NAME: Handschy Industries, Inc.

EPA ID No.: ILD 018 116 749


LOCATION ADDRESS: 120 25th Avenue
Bellwood, Illinois 60104

NAICS CODE(s): 32591

DATE OF INSPECTION: May 11, 2006


U.S. EPA INSPECTOR(s): Graciela Scambiaterra

PREPARED BY:


Graciela Scambiaterra
Environmental Scientist

1/24/07
Date

REVIEWED BY:


Lorna M. Jereza, Chief
Compliance Section-1
Enforcement and Compliance Assurance Branch

1/24/07
Date

RCRA Compliance Evaluation Inspection

Introduction

I, Graciela Scambiaterra, Environmental Scientist, from the U.S. Environmental Protection Agency (U.S. EPA) conducted a Resource Conservation and Recovery Act (RCRA) inspection at Handschy Industries, Inc. (Handschy), located at 120 25th Ave, Bellwood, Illinois on May 11, 2006. I arrived at Handschy at approximately 9:30am. I identified myself and provided my credentials to the Handschy representative. I interviewed Dominic Pontarelli, Plant Manager for Handschy. I also interviewed Kim Peterson, Environmental Manager for Field Container, during the inspection. Field Container is the parent company to Handschy. I provided Mr. Pontarelli the Small Business Resources Guide, as well as the Sustainable Solutions pamphlet. Photo(s) of the site inspection are attached.

History and Facility Processes

Handschy has been operating at this location from approximately 1994 and is in the business of manufacturing printing ink. Handschy has approximately 30 employees and operates two shifts, starting from 6:00am and ending at 10:30pm. Handschy operates as a large quantity generator (LQG) by generating a solvent waste from an ultraviolet wash. Handschy also generates two non-hazardous wastes, a pigment dust waste and an ink solid waste.

Records Review

Annual Reports:

I reviewed the annual hazardous waste reports for years 2005, 2004 and 2003:

2005 Annual Report		Dated: 2/17/2006
Waste	Waste Code(s)	Annual Amount
Solvent/Mineral Spirits	D001	37,569 lbs

2004 Annual Report		Dated: 2/22/2005
Waste	Waste Code(s)	Annual Amount
Solvent/Mineral Spirits	D001	45,649 lbs

2003 Annual Report		Dated: 2/10/2004
Waste	Waste Code(s)	Annual Amount
Solvent/Mineral Spirits	D001	28,053 lbs

No discrepancies were observed.

Contingency Plan:

The facility had a Contingency Plan onsite. The plan was dated December 1, 2004. No discrepancies were observed.

Manifests and LDRs:

I reviewed several manifests and I observed the following:

1. 2005 manifests: no discrepancies were observed.
2. 2004 manifests: no discrepancies were observed.
3. 2003 manifests: no discrepancies were observed.

RCRA Training:

I reviewed the training for years 2005, 2004, and 2003 that was provided by Mr. Pontarelli and Ms. Peterson:

2005 Training		2004 Training		2003 Training	
Date	Provided by:	Date	Provided by:	Date	Provided by:
5/18/2005	Environmental Resource Ctr	3/30/2004	Environmental Resource Ctr	2/26-27/2003	Environmental Resource Ctr

No discrepancies were observed.

Hazardous Waste Determination(s):

I reviewed the hazardous waste determinations/profile sheets for the non-hazardous pigment waste and ink solid waste. No discrepancies were observed.

Site Inspection

Plant-Manufacturing Area:

Mr. Pontarelli and Ms. Peterson escorted me to the manufacturing area. Here, printing ink is manufactured or mixed. Several cleaning containers (tubs) and additional small containers of solvent are used throughout the plant to clean the mixing blades and hand tools used in the manufacturing/mixing of the printing ink. Once the solvent becomes unusable, the solvent is transferred to drums. I observed two hazardous waste drums of solvent in the area, each labeled "Hazardous Waste" and one dated 3/6/06 and the other dated 3/10/06 (see photo 1).

This ended the RCRA site inspection.

Closing Conference

I then held a closing conference with Mr. Pontarelli and Ms. Peterson. I explained to them that I do not make determinations of compliance or non-compliance during the inspection as it is necessary to research the regulations for applicability to all areas of their processes. I thanked them for their time.

I completed the CEI at approximately 12:15pm.



Photo 1: Hazardous waste-solvent/mineral spirits

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Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
722.123(c)	<p>- has the generator followed the procedures prescribed in Section 722.123 for manifesting bulk shipments of hazardous waste by rail or water?</p> <p>Yes _____ No _____ N/A <input checked="" type="checkbox"/></p>	722.123(c)
722.130	<p>SUBPART C: PRE-TRANSPORT REQUIREMENTS</p> <p>Is there any hazardous waste ready for transport off-site? <input checked="" type="checkbox"/></p> <p>Yes _____ No _____ N/A _____</p> <p>If so, is the generator complying with the pre-transport requirements in Subpart C?</p> <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p>	722.130
(722.134(a))	<p>Section 722.134 Accumulation Time</p> <p>Has the generator complied with the following requirements?</p> <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p>	
(722.134(a)(1))	<p>A) For waste in containers, has the generator complied with the requirements of Part 725, Subpart I, AA, BB, and CC?</p> <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p> <p>and/or</p> <p>B) For waste in tanks, has the generator complied with the requirements of Part 725, Subpart J, AA, BB, and CC (except Sections 725.297(c) and 725.300)?</p> <p>Yes _____ No _____ N/A <input checked="" type="checkbox"/></p> <p>and/or</p> <p>C) For waste on drip pads, has the generator complied with the requirements of Part 725, Subpart W and maintained the required records identified in this subsection?</p> <p>Yes _____ No _____ N/A <input checked="" type="checkbox"/></p> <p>and/or</p> <p>D) For waste in containment buildings, has the generator complied with Part 725, Subpart DD and maintained the required records identified in this subsection?</p> <p>Yes _____ No _____ N/A <input checked="" type="checkbox"/></p>	
(722.134(a)(2))	<p>For waste in containers, has the generator marked and made visible for inspection on each container, the date upon which accumulation began?</p> <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p>	
(722.134(a)(3))	<p>For waste in containers and tanks, has the generator marked or labeled each with the words "Hazardous Waste"?</p> <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p>	
(722.134(a)(4))	<p>Has the generator complied with the requirements of Part 725, Subparts C and D, and Sections 725.116 and 728.107(a)(4)?</p> <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p> <p>Specifically, the requirements of items 1 and/or 4 above (listed by regulation) which need to be complied with are as follows:</p> <p>Does the facility accumulate hazardous waste in containers? <input checked="" type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p> <p>If "No", go to Subpart J.</p>	
(725.211) (725.214)	<p>SUBPART I: USE AND MANAGEMENT OF CONTAINERS</p> <p>Has the generator closed an accumulation area?</p> <p>Yes _____ No <input checked="" type="checkbox"/> N/A _____</p> <p>If "Yes", was the accumulation area closed in accordance with Sections 725.211 and 725.214?</p> <p>Yes _____ No _____ N/A _____</p>	725.211 725.214

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Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
(725.271)	If the containers have leaked or are in poor condition, has the owner/operator transferred the hazardous waste to a suitable container? Yes _____ No _____ N/A <input checked="" type="checkbox"/>	
(725.272)	Is the waste compatible with the container and/or liner? Yes <input checked="" type="checkbox"/> No _____ N/A _____	
(725.273(a))	Are containers of hazardous waste always closed except to remove or add waste during accumulation? Yes <input checked="" type="checkbox"/> No _____ N/A _____	
(725.273(b))	Are containers of hazardous waste being opened, handled, or stored in a manner which will prevent the rupture of the container or prevent it from leaking? Yes <input checked="" type="checkbox"/> No _____ N/A _____	
(725.274)	Is the owner/operator inspecting the accumulation area(s) at least weekly, looking for leaks or deterioration? Yes <input checked="" type="checkbox"/> No _____ N/A _____ Is the accumulation area free from any evidence of leaking or deteriorating containers? (See also Section 725.131) Yes <input checked="" type="checkbox"/> No _____ N/A _____	
(725.276)	Are containers holding ignitable or reactive wastes located at least 15 meters (50 feet) from the facility's property line? Yes <input checked="" type="checkbox"/> No _____ N/A _____ Note: See Section 725.117(a) for additional requirements for ignitable, reactive or incompatible wastes.	
(725.277)	Is the owner/operator complying with the requirements concerning incompatible wastes? Yes _____ No _____ N/A <input checked="" type="checkbox"/> COMMENTS:	
(725.278)	Section 725.278 Air Emission Standards Is the owner or operator managing all hazardous waste placed in containers in accordance with Subparts AA, BB and CC of Part 725? Yes _____ No _____ N/A <input checked="" type="checkbox"/> Comments: Does the generator accumulate and/or treat hazardous waste in tanks? Yes _____ No _____ N/A <input checked="" type="checkbox"/> Note: If "No", go to Subpart C.	
	SUBPART J: TANK SYSTEMS	
	Has the generator closed an accumulation area? Yes _____ No _____ N/A <input checked="" type="checkbox"/>	725.211
(725.211) (725.214)	If "Yes", was the accumulation area closed in accordance with Sections 725.211 and 725.214? Yes _____ No _____ N/A <input checked="" type="checkbox"/>	725.214

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Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
(725.290)	<p>Does the facility accumulate or treat hazardous waste in tanks? Yes _____ No _____ N/A <input checked="" type="checkbox"/></p> <p>Note: A generator may treat hazardous waste in a tank for less than 90 days without a RCRA permit. If "No", skip Subpart J.</p> <p>a) Tank systems that are used to accumulate or treat hazardous waste which contains no free liquids (using the Paint Filter Liquids Test) and that are situated inside a building with an impermeable floor are exempted from the requirements in Section 725.293.</p> <p>b) Tank systems, including sumps, that serve as part of a secondary containment system to collect or contain releases of hazardous wastes are exempted from the requirements in Section 725.293(a).</p> <p>c) Tanks, sumps and other collection devices used in conjunction with drip pads (as defined in Section 720.110) and regulated under Subpart W, must meet the requirements of this Subpart.</p>	
(725.291(a))	<p>For tanks existing prior to July 14, 1986 (see definition of tank system under 720.110) and not protected by a secondary containment system, has a written assessment been reviewed and certified by an IRPE(*) in accordance with Section 702.126(d) by January 12, 1988 [except as provided in Section 725.291(c)]? Yes _____ No _____ N/A <input checked="" type="checkbox"/></p>	
(725.291(b))	<p>Does this assessment consider at least the following:</p> <p>1) design standards for the tank and ancillary equipment? Yes _____ No _____ N/A <input checked="" type="checkbox"/></p> <p>2) hazardous characteristics of the wastes? Yes _____ No _____ N/A <input checked="" type="checkbox"/></p> <p>3) existing corrosion protection measures? Yes _____ No _____ N/A <input checked="" type="checkbox"/></p> <p>4) documented age of the tank system? Yes _____ No _____ N/A <input checked="" type="checkbox"/></p> <p>5) results of a leak test, internal inspection, or other tank integrity examination? Yes _____ No _____ N/A <input checked="" type="checkbox"/></p> <p>*IRPE = Independent Registered Professional Engineer</p>	
(725.291(c))	<p>Has a tank system assessment been performed within 12 months after the materials in the tank become a hazardous waste? Yes _____ No _____ N/A <input checked="" type="checkbox"/></p> <p>Note: If an assessment indicates a tank system is leaking or unfit for use, the owner/operator must comply with the requirements of Section 725.291(b)(5).</p>	

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(725.292(a))	<p>For new tanks (see definition of new tanks under Section 720.110) whose installation commenced after 07/14/86, has a written assessment been reviewed and certified by an IRPE in accordance with Section 702.126(d) prior to operation of the tank system?</p> <p>Yes _____ No _____ N/A <u>✓</u></p> <p>Does the assessment include, at a minimum, the following:</p> <p>1) design standards for tanks and ancillary equipment?</p> <p>Yes _____ No _____ N/A <u>✓</u></p> <p>2) hazardous characteristics of the waste(s) to be handled?</p> <p>Yes _____ No _____ N/A <u>✓</u></p> <p>3) evaluation of potential for corrosion and corrosion protection measures for tank systems with metal components in contact with soil or water?</p> <p>Yes _____ No _____ N/A <u>✓</u></p> <p>4) design or operational measures that will protect underground tank systems from potential damage resulting from vehicular traffic?</p> <p>Yes _____ No _____ N/A <u>✓</u></p> <p>5) designs to ensure adequate foundations, anchoring to prevent flotation or dislodgment and the ability to withstand the effects of frost heave?</p> <p>Yes _____ No _____ N/A <u>✓</u></p>	
(725.292(g))	<p>Has the owner/operator obtained and kept on file at the facility the written statements, including the certification statements [as required in Section 702.126(d)] of the design and installation requirements of Subsections (b) through (f)?</p> <p>Yes _____ No _____ N/A <u>✓</u></p>	
(725.293(a))	<p>Is secondary containment provided for any new tank system before being put into service?</p> <p>Yes _____ No _____ N/A <u>✓</u></p> <p>Does an existing tank, used to accumulate F020, F021, F022, F023, F026 or F027 waste(s), have secondary containment by 1/12/89?</p> <p>Yes _____ No _____ N/A <u>✓</u></p> <p>For an existing tank of documentable age, is secondary containment provided by 1/12/89 or when the tank is 15 years old, whichever is later?</p> <p>Yes _____ No _____ N/A <u>✓</u></p> <p>For an existing tank of undocumentable age, has secondary containment been provided by 1/12/95?</p> <p>Yes _____ No _____ N/A <u>✓</u></p> <p>or</p> <p>if the facility is older than 7 years, by the time the facility reaches 15 years of age or 1/12/89, whichever is later?</p> <p>Yes _____ No _____ N/A <u>✓</u></p> <p>For tanks that accumulate wastes that become hazardous after 1/12/87, has secondary containment been provided within the time intervals required in Subsections (a)(1) through (a)(4) substituting the date that a material becomes a hazardous waste for 1/12/87?</p> <p>Yes _____ No _____ N/A <u>✓</u></p>	
(725.293(b))	<p>Is the secondary containment system designed, installed and operated to prevent migration of wastes or accumulated liquid out of the system at any time?</p> <p>Yes _____ No _____ N/A <u>✓</u></p> <p>Is the secondary containment system capable of detecting and collecting releases and accumulated liquids until the collected material is removed?</p> <p>Yes _____ No _____ N/A <u>✓</u></p>	

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Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
(725.293(c))	<p>To meet the requirements of Subsection (b), is the secondary containment system:</p> <p>1) compatible with the waste(s) in the tank and of sufficient strength and thickness to prevent failure? Yes _____ No _____ N/A <u>✓</u></p> <p>2) placed on a foundation or base capable of providing support, providing resistance to pressure gradients and preventing failure due to settlement, compression or uplift? Yes _____ No _____ N/A <u>✓</u></p> <p>3) provided with a leak detection system designed and operated to detect any release or accumulated liquid within 24 hours? Yes _____ No _____ N/A <u>✓</u></p> <p>4) sloped or otherwise designed or operated to drain and remove liquids resulting from leaks, spills or precipitation? Yes _____ No _____ N/A <u>✓</u></p> <p>and is spilled or leaked waste and accumulated precipitation removed from the secondary containment within 24 hours? Yes _____ No _____ N/A <u>✓</u></p> <p>Note: A RCRA permit may allow for removal of liquids less frequently than 24 hours after accumulation.</p>	
(725.293(d))	<p>Does the secondary containment for tanks have one or more of the following:</p> <p>1) a liner (external to the tank); or 2) a vault; or 3) a double-walled tank; or 4) an equivalent device (approved by the Board)? Yes _____ No _____ N/A <u>✓</u></p>	
(725.293(e))	<p>Does the external liner system(s), vault system(s) and/or double-walled tank(s) meet the additional requirements identified in Section 725.293(e)? Yes _____ No _____ N/A <u>✓</u></p>	
(725.293(f))	<p>Is ancillary equipment protected by secondary containment that meets the requirement of Subsection (h) and (c)? Yes _____ No _____ N/A <u>✓</u></p> <p>If "No":</p> <p>1) Is aboveground piping (exclusive of flanges, joints, valves and connections) inspected daily? Yes _____ No _____ N/A <u>✓</u></p> <p>2) Are welded flanges, joints and connections inspected daily? Yes _____ No _____ N/A <u>✓</u></p> <p>3) Are sealless or magnetic coupling pumps and sealless valves inspected daily? Yes _____ No _____ N/A <u>✓</u></p> <p>4) Are pressurized aboveground piping systems with automatic shut-off devices inspected daily? Yes _____ No _____ N/A <u>✓</u></p>	
(725.293(i))	<p>Until such time as secondary containment is provided, are the following requirements being met for all tank systems:</p> <p>1) For non-enterable underground tanks, has an annual leak test that meets the requirements of 725.291(b)(5) been conducted? Yes _____ No _____ N/A <u>✓</u></p> <p>2) For other than non-enterable underground tanks and ancillary equipment, has an annual leak test, internal inspection or other tank integrity examination by an IRPE been conducted? Yes _____ No _____ N/A <u>✓</u></p> <p>3) Are written records maintained at the facility to document the assessments required under Subsections (i)(1) and (i)(2)? Yes _____ No _____ N/A <u>✓</u></p> <p>Note: If a tank system is found to be leaking or unfit for use as a result of a leak test or assessment, the owner/operator must comply with Section 725.296.</p>	

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(725.294(a))	Has the owner/operator placed hazardous wastes or treatment reagents in the tank system that could cause the system to rupture, leak, corrode or otherwise fail? Yes _____ No _____ N/A <u>✓</u>	
(725.294(b))	Do tanks and secondary containment have appropriate controls and practices to prevent spills and overflows including: 1) spill prevention controls? Yes _____ No _____ N/A <u>✓</u> 2) overfill prevention controls? Yes _____ No _____ N/A <u>✓</u> 3) sufficient freeboard in uncovered tanks? Yes _____ No _____ N/A <u>✓</u>	
(725.294(c))	Note: If a leak or spill has occurred in the tank system, the owner/operator shall comply with the requirements of Section 725.296.	
(725.295(a))	Does the owner/operator inspect, if present, at least each operating day, the following: 1) overfill/spill control equipment? Yes _____ No _____ N/A <u>✓</u> 2) the aboveground portion of the tank system for corrosion or releases? Yes _____ No _____ N/A <u>✓</u> 3) data from monitoring equipment? Yes _____ No _____ N/A <u>✓</u> 4) the construction materials and the area immediately surrounding the external portion of the system? Yes _____ No _____ N/A <u>✓</u>	
(725.295(b))	If the tank system has cathodic protection, is the owner/operator complying with Section 725.295(b) to ensure that they are functioning properly? Yes _____ No _____ N/A <u>✓</u>	
(725.295(c))	Does the owner/operator document in the operating record, the results of tank inspections as required in Section 725.295(a) and (b)? Yes _____ No _____ N/A <u>✓</u>	
(725.296)	If the tank system or secondary containment system has a leak or spill or is unfit for use, has the owner/operator: a) immediately ceased using; prevented flow or addition of waste and inspected the system to determine the cause of the release? Yes _____ No _____ N/A <u>✓</u> b) removed applicable waste from the system within 24 hours of detection? Yes _____ No _____ N/A <u>✓</u> c) immediately conducted a visual inspection of the release and taken actions to contain visible releases to the environment, prevented further migration to soils or surface water and removed and properly disposed of any contaminated soil or water? Yes _____ No _____ N/A <u>✓</u>	
(725.296(d))	d) notified the Agency within 24 hours of detection of release? Yes _____ No _____ N/A <u>✓</u> d)3) within 30 days of detection of release, submitted a report to the Agency that complies with the requirements of Section 725.296(d)(3)? Yes _____ No _____ N/A <u>✓</u> Note: Notification and reports are not necessary if less than 1 pound of material is spilled and it was immediately contained and cleaned up.	

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(725.296(e))	<p>e) repaired the tank system prior to returning the tank system to service in the event that a leak has occurred from the primary tank system into the secondary containment system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p> <p>e)4) provided secondary containment before returning a tank system to service in the event that the release was from a component of a tank system without secondary containment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p> <p>e)4) met the requirements for a new tank system in the event that a component is replaced during repair? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p> <p>e)4) provided the entire component with secondary containment prior to being returned to use in the event that a leak has occurred in any portion of a component that is not readily accessible for visual inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>	
(725.296(f))	<p>f) In the event that an extensive repair has been conducted in accordance with subsection (e), submitted to the Agency within 7 days after returning the tank system to use, a certification by an IRPE stating that the repaired system is capable of handling hazardous wastes without release for the intended life of the system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p> <p>Note: If the owner/operator does not satisfy the requirements of subsections (e)(2) through (e)(4), the tank system must be closed in accordance with Section 725.297.</p>	
(725.297(a))	<p>At the time of closure of a tank system, has the owner/operator removed or decontaminated all waste residues, contaminated components, contaminated soils and structures and equipment and managed them as hazardous waste [unless Section 721.103(d) applies]? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>	
(725.297(a))	<p>Have the closure plan, closure activities, cost estimates for closure and financial responsibility for tank systems met all requirements specified in Subparts G and H? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>	
(725.297(b))	<p>If the tank system cannot be "clean" closed, has the owner/operator closed the tank system and performed post-closure care in accordance with the closure and post-closure care requirements that apply to landfills (Section 725.410)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p> <p>Note: Such a tank system is considered a landfill and must meet all of the requirements of landfills specified in Subparts G and H.</p>	
(725.298(a))	<p>Are ignitable or reactive wastes placed in a tank system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p> <p>If "No", skip to Section 725.299.</p> <p>Is the waste treated, rendered or mixed before or immediately after placement in the tank system so that:</p> <ul style="list-style-type: none"> - the resulting waste, mixture or dissolved material is no longer ignitable or reactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A - Section 725.117(b) is complied with? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <p>or</p> <p>Is the waste accumulated or treated so that it is protected from any material or conditions which may lead to ignition or reaction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p> <p>or</p> <p>Is the tank used solely for emergencies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>	

Installation Name:
Handschy Industries, Inc.
Date of Inspection:
May 11, 2006

Location Address:
120 25th Ave, Bellwood, Illinois 60104
U.S. EPA Inspector:
Graciela Scambiaterra

EPA ID Number:
ILD 018 116 749

Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
(725.298(b))	Is the facility complying with the requirements regarding maintenance of protective distances between the waste management area and any public ways, streets, alleys or any adjoining property line? Yes _____ No _____ N/A <input checked="" type="checkbox"/>	
(725.299)	Are incompatible wastes/materials placed in the same tank? Yes _____ No _____ N/A <input checked="" type="checkbox"/> If "No", skip to Section 725.300. Is Section 725.117(b) being complied with? Yes _____ No _____ N/A <input checked="" type="checkbox"/> Has the tank system been properly decontaminated if it previously held an incompatible waste/material unless Section 725.117(b) is complied with? Yes _____ No _____ N/A <input checked="" type="checkbox"/> COMMENTS:	
(725.302)	Section 725.302 Air Emission Standards Is the owner or operator managing all hazardous waste placed in tanks in accordance with Subparts AA, BB and CC of Part 725? Yes _____ No _____ N/A <input checked="" type="checkbox"/> Comments:	
(725.131)	SUBPART C: PREPAREDNESS AND PREVENTION Is the facility being operated and maintained to minimize the possibility of a fire, explosion or any release of hazardous waste or hazardous waste constituents which could threaten human health or the environment? Yes <input checked="" type="checkbox"/> No _____ N/A _____	
(725.132)	Is the facility equipped with the following, if necessary: a) an internal communication or alarm system(s)? Yes <input checked="" type="checkbox"/> No _____ N/A _____ b) a telephone or other device to summon emergency assistance from local authorities? Yes <input checked="" type="checkbox"/> No _____ N/A _____ c) portable fire extinguishers, fire control equipment, spill control equipment and decontamination equipment? Yes <input checked="" type="checkbox"/> No _____ N/A _____ d) water at adequate volume and pressure for fire control? Yes <input checked="" type="checkbox"/> No _____ N/A _____	
(725.133)	Is the facility testing and maintaining communication/alarm system(s), fire protection equipment, spill control equipment and decontamination equipment? Yes <input checked="" type="checkbox"/> No _____ N/A _____	
(725.134)	a) Where hazardous waste is being handled, do all employees have immediate access to an internal alarm or other emergency communication device? Yes <input checked="" type="checkbox"/> No _____ N/A _____ b) If there is ever just one employee on the premises when the facility is operating, does he/she have immediate access to a device capable of summoning external emergency assistance? Yes <input checked="" type="checkbox"/> No _____ N/A _____	
(725.135)	Is the facility maintaining adequate aisle space? Yes <input checked="" type="checkbox"/> No _____ N/A _____	

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Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
(725.137)	<p>Has the facility attempted to make the following arrangements, as appropriate, for the type of facility and waste:</p> <ul style="list-style-type: none"> - arrangements with local emergency authorities (i.e. police and fire departments, other emergency response agencies) to familiarize them with the layout of the facility, properties of hazardous waste handled, places where facility personnel would be working, entrances to roads inside the facility and evacuation routes? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - agreements designating the primary authority where more than one police or fire department might respond? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - agreements with State emergency response teams, contractors and equipment suppliers? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the type of injuries or illnesses which could result from fires, explosions or releases at the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 	
	SUBPART D: CONTINGENCY PLAN AND EMERGENCY PROCEDURES	
(725.151(a))	<p>Is the contingency plan available? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>If "No", skip to Section 725.155.</p> <p>Is the plan designed to protect human health and the environment from releases to the air, soil and water? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
(725.151(b))	<p>Has there been a fire, explosion or release of hazardous waste? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p> <p>If "Yes", has the contingency plan been carried out immediately? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>	
(725.152(a))	<p>Does the plan describe the actions required for response to:</p> <ul style="list-style-type: none"> - fires? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - explosions? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - releases? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 	
(725.152(c))	<p>Does the plan describe arrangements with:</p> <ul style="list-style-type: none"> - police and fire departments? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - hospitals? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - contractors? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - emergency response teams? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 	
(725.152(d))	<p>Does the plan contain the current emergency coordinator's name, phone (office and home) and address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
(725.152(e))	<p>Does the plan identify all emergency equipment including:</p> <ul style="list-style-type: none"> - description? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - capability? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - location? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <p>Is the list of emergency equipment up-to-date? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
(725.152(f))	<p>Does the plan include:</p> <ul style="list-style-type: none"> - an evacuation plan? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - an evacuation signal? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - alternate evacuation routes? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 	

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EPA ID Number:
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Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
(725.153)	<p>Has the contingency plan (including all revisions) been:</p> <p>a) maintained at the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>b) submitted to:</p> <p>- police department? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>- fire department? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>- hospital? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>- emergency response teams? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
(725.154)	<p>Has the contingency plan been reviewed and revised whenever:</p> <p>a) regulations are revised? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>b) the plan fails in an emergency? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>c) the facility changes in a way that modifies the emergency response necessary? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>d) information regarding emergency coordinators changes? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>e) information regarding equipment changes? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
(725.155)	<p>Is the emergency coordinator on-site or on call at all times? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Is the emergency coordinator familiar with all facility activities, wastes, records, layout and contingency plan? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Does the emergency coordinator have the authority to commit the resources needed to carry out the actions specified in the contingency plan? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
(725.156)	<p>If the facility has had a release, fire or explosion, have the procedures of this Section been followed regarding assessment, response and reporting? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Note: If the facility has had a release, explain in detail.</p>	

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Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
(725.116(a))	<p>Section 725.116 Personnel Training</p> <p>Does the facility have a training program? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Have facility personnel successfully completed a program of classroom or on-the-job training that teaches them to perform their duties in a way that ensures the facility's compliance with the requirements of Part 725? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Is the program directed by a person trained in hazardous waste management procedures? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Does the program teach facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to the positions in which they are employed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Does the program cover, at a minimum:</p> <ul style="list-style-type: none"> - procedures to familiarize facility personnel with emergency procedures, emergency equipment and emergency systems? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - procedures for using, inspecting, repairing and replacing facility emergency and monitoring equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - key parameters for automatic waste feed cut-off systems? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - communications or alarm systems? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - response to fire or explosions? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - response to groundwater contamination incidents? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - shutdown of operations? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 	
(725.116(b))	<p>Have new employees completed the program within 6 months of the date of employment or assignment to a position requiring them to manage hazardous waste? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
(725.116(c))	<p>Have facility personnel received an annual review of the initial training? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
(725.116(d))	<p>Are the following documents and records being maintained at the facility:</p> <ol style="list-style-type: none"> 1) the job title for each position related to hazardous waste management and the name(s) of the employee(s) filling each job? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 2) a written job description for each position above, including the requisite skill, education or other qualifications and duties of personnel assigned to each position? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 3) a written description of the type and amount of both initial and continuing training that will be given to each person filling a position dealing with hazardous waste management? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 4) records documenting that the training or job experience has been given to and completed by facility personnel? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 	
(725.116(e))	<p>Is the facility maintaining training records until closure of the facility and those of former employees for at least 3 years from the last date of employment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	

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EPA ID Number:
ILD 018 116 749

Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
(728.107(a)(5))	Section 728.107 Waste Analysis and Recordkeeping Has the generator who treats a prohibited waste in tanks or containers in order to meet the treatment standards developed and followed a waste analysis plan? Yes _____ No _____ N/A <input checked="" type="checkbox"/> Is the plan on-site? Yes _____ No _____ N/A <input checked="" type="checkbox"/> Does the plan include a detailed physical and chemical analysis? Yes _____ No _____ N/A <input checked="" type="checkbox"/> Has the plan been filed with the Agency at least 30 days prior to commencement of treatment activity? Yes _____ No _____ N/A <input checked="" type="checkbox"/> Has the generator submitted the required notification and certification that the waste meets treatment standards when the waste is shipped off-site? Yes _____ No _____ N/A <input checked="" type="checkbox"/>	
722.134(c)	Section 722.134 Satellite Accumulation Is the generator who accumulates hazardous waste at or near any point of generation where wastes initially accumulate and which is under the control of the operator of the process generating the waste, limiting such accumulation to 55 gallons of hazardous waste or 1 quart of acutely hazardous waste, complying with Sections 725.271, 725.272 and 725.273(a), and marking the containers with the words "Hazardous Waste" or other words identifying the contents? Yes _____ No _____ N/A <input checked="" type="checkbox"/> Has the generator who accumulates more than 55 gallons of hazardous waste or 1 quart of acutely hazardous waste complied with the requirements of Section 722.134(a) within 3 working days? Yes _____ No _____ N/A <input checked="" type="checkbox"/> If there are more than 55 gallons of hazardous waste or 1 quart of acutely hazardous waste in the satellite accumulation area, are the containers marked with the date accumulation began? Yes _____ No _____ N/A <input checked="" type="checkbox"/> During the 3 day period, is the generator continuing to comply with the requirements of Section 722.134(c)(1) with respect to the excess waste? Yes _____ No _____ N/A <input checked="" type="checkbox"/>	
722.134(g)	Note: A generator that generates 1,000 kilograms or greater of hazardous waste per calendar month which also generates wastewater treatment sludges from electroplating operations that meet the listing description for the hazardous waste code F006 may have alternate accumulation requirements if the conditions of 722.134(g), (h), or (i) are fulfilled.	
	SUBPART D: RECORDKEEPING AND REPORTING Section 722.140 Recordkeeping Has the generator retained for a period of 3 years: - a copy of each signed manifest? Yes <input checked="" type="checkbox"/> No _____ N/A _____	722.140(a)
722.140(b)	Has the generator retained a copy of each Annual Report and Exception Report for a period of at least three years from the due date of the report (March 1)? Yes <input checked="" type="checkbox"/> No _____ N/A _____	722.140(b)
722.140(c)	Has the generator retained for a period of 3 years: - copies of test results, waste analyses or other determinations made in accordance with Section 722.111? Yes <input checked="" type="checkbox"/> No _____ N/A _____	722.140(c)
722.140(d)	Does a generator who is involved in any unresolved enforcement action or as requested by the Director continue to maintain the records required in subsections a) and c)? Yes _____ No _____ N/A <input checked="" type="checkbox"/>	722.140(d)

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EPA ID Number:
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Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
722.141(a)	Section 722.141 Annual Reporting Has the generator who ships hazardous waste off-site for treatment, storage or disposal filed an annual report with the Agency by March 1 for the preceding calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	722.141(a)
	Note: If "No", or if deficiencies are noted with the annual report reviewed, contact the Planning and Reporting Section.	
722.141(b)	Has the generator who treats, stores or disposes of hazardous waste on-site, filed an annual report with the Agency by March 1 for the preceding calendar year? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	722.141(b)
722.142(a)(1)	Section 722.142 Exception Reporting If the generator has not received a copy of the manifest from the TSD facility within 35 days of the date of delivery to the transporter, has the generator contacted the transporter or the TSD facility to determine the status of the hazardous waste? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	722.142(a)(1)
722.142(a)(2)	If the generator has not received a copy of the signed manifest within 45 days of the date of delivery to the transporter, has he filed an exception report with the Agency in accordance with the requirements of this Section? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	722.142(a)(2)
722.143	Section 722.143 Additional Reporting Has the generator furnished additional reports as required by the Director? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	722.143
722.150	SUBPART E: EXPORTS OF HAZARDOUS WASTE Is the generator an exporter of hazardous waste? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> If "Yes", has the generator complied with the requirements of Subpart E? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	722.150
722.160	SUBPART F: IMPORTS OF HAZARDOUS WASTE Is the generator an importer of hazardous waste? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> If "Yes", has the generator complied with the requirements of Subpart F? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	722.160
722.170	SUBPART G: FARMERS Is the generator a farmer? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> If "Yes", has the generator complied with the requirements of Subpart G? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	722.170

United States Environmental Protection Agency
Washington, DC 20460

EPA Notification of Hazardous Waste Activity

Please refer to the instructions for filling out this form. The information requested here is required by Section 3010 of the Resource Conservation and Recovery Act.

For Official Use Only

Comments										87-11239										RECEIVED									
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Installation's EPA ID Number										Approved										Date Received (yr. mo. day)										SEP - 2 1987									
ILD018116749										A										870828										IEPA/DLPC									

I. Name of Installation

H	A	N	D	S	C	H	Y	I	N	D	U	S	T	R	I	E	S	I	N	C
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

II. Installation Mailing Address

Street or P.O. Box																								
12025TH AVE																								
City or Town															State					ZIP Code				
BELLWOOD															IL					60104				

III. Location of Installation

Street or Route Number																								
12025TH AVE																								
City or Town															State					ZIP Code				
BELLWOOD															IL					60104				

IV. Installation Contact

Name and Title (last, first, and job title)															Phone Number (area code and number)									
MIYAGAWA NORI															3122766400									

V. Ownership

A. Name of Installation's Legal Owner															B. Type of Ownership (enter code)									
HANDSCHY INDUSTRIES															P									

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity																																																		B. Used Oil Fuel Activities																																																	
<input checked="" type="checkbox"/> 1a. Generator <input type="checkbox"/> 1b. Less than 1,000 kg/mo. <input type="checkbox"/> 2. Transporter <input type="checkbox"/> 3. Treater/Storer/Disposer <input type="checkbox"/> 4. Underground Injection <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner																																																		<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner <input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (for On-Site Burner) Who First Claims the Oil Meets the Specification																																																	

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

<input type="checkbox"/> A. Utility Boiler	<input type="checkbox"/> B. Industrial Boiler	<input type="checkbox"/> C. Industrial Furnace
--	---	--

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

<input type="checkbox"/> A. Air	<input type="checkbox"/> B. Rail	<input type="checkbox"/> C. Highway	<input type="checkbox"/> D. Water	<input type="checkbox"/> E. Other (specify)
---------------------------------	----------------------------------	-------------------------------------	-----------------------------------	---

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

<input checked="" type="checkbox"/> A. First Notification <input type="checkbox"/> B. Subsequent Notification (complete item C)		C. Installation's EPA ID Number									
---	--	---------------------------------	--	--	--	--	--	--	--	--	--

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from General Sources. Enter the four-digit number from 40 CFR Part 261.21 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24)

☒ 1. Ignitable
(D001)


☒ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)
XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature



Name and Official Title (type or print)

DIVISION VICE PRESIDENT

Date Signed

8/25/87

Print in type with ELITE type (12 characters per inch) in the unshaded areas only

United States Environmental Protection Agency
Washington, DC 20460

Please refer to the instructions for this form. The instructions are located on the back of the form. For more information, contact the Recovery Act, EPA Region V.

EPA Notification of Hazardous Waste Activity

For Official Use Only

Comments														
COPY 87-11239 RECEIVED OCT 1987														
Installation's EPA ID Number										Approved (yr. mo. day)		Date Received (yr. mo. day)		
1 L D O I 8 1 1 6 7 4 9										A		8 7 0 8 2 8		
IEPA/DLPC														

I. Name of Installation

H A N D S C H Y I N D U S T R I E S I N C

II. Installation Mailing Address

Street or P.O. Box																								
1 2 0 2 5 T H A V E																								
City or Town																				State		ZIP Code		
B E L L W O O D																				I L		6 0 1 0 4		

III. Location of Installation

Street or Route Number																								
1 2 0 2 5 T H A V E																								
City or Town																				State		ZIP Code		
B E L L W O O D																				I L		6 0 1 0 4		

IV. Installation Contact

Name and Title (last, first, and job title)															Phone Number (area code and number)									
M I Y A G A W A N O R I															3 1 2 2 7 6 6 4 0 0									

V. Ownership

A. Name of Installation's Legal Owner															B. Type of Ownership (enter code)									
H A N D S C H Y I N D U S T R I E S															P									

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity																																																		B. Used Oil Fuel Activities																																																	
<input checked="" type="checkbox"/> 1a. Generator <input type="checkbox"/> 1b. Less than 1,000 kg/mo.																																																		<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)																																																	
<input type="checkbox"/> 2. Transporter																																																		<input type="checkbox"/> a. Generator Marketing to Burner																																																	
<input type="checkbox"/> 3. Treater/Storer/Disposer																																																		<input type="checkbox"/> b. Other Marketer																																																	
<input type="checkbox"/> 4. Underground Injection																																																		<input type="checkbox"/> c. Burner																																																	
<input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)																																																		<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (for On Site Burner) Who First Claims the Oil Meets the Specification																																																	
<input type="checkbox"/> a. Generator Marketing to Burner																																																		AUG 28 1987																																																	
<input type="checkbox"/> b. Other Marketer																																																		U.S. EPA REGION V																																																	
<input type="checkbox"/> c. Burner																																																																																																			

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

<input type="checkbox"/> A. Utility Boiler	<input type="checkbox"/> B. Industrial Boiler	<input type="checkbox"/> C. Industrial Furnace
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VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

<input type="checkbox"/> A. Air	<input type="checkbox"/> B. Rail	<input type="checkbox"/> C. Highway	<input type="checkbox"/> D. Water	<input type="checkbox"/> E. Other (specify)
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IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

<input checked="" type="checkbox"/> A. First Notification <input type="checkbox"/> B. Subsequent Notification (complete item C)		C. Installation's EPA ID Number									
		10-9-87									

[illegible]

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

[illegible]

☐ 4. Toxic
(D000)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

8/25/87



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 5
RCRA ACTIVITIES
P.O. BOX A3587
CHICAGO, ILLINOIS 60690

SEP 25 1987

5HS-JCK-13

Dear Notifier:

Enclosed you will find the U.S. Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. This ID number must appear on all manifest forms when transporting hazardous waste. You will find your ID number on the second line of the copy of the enclosed notification form. This letter confirms that you have filed a Notification of Hazardous Waste Activity (Form 8700-12) to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This letter and the enclosed copy of your notification form should be retained for future use.

If you have any further questions regarding hazardous waste activity, please contact our Hotline at (312) 886-4001.

Sincerely yours,

Art Kawatachi, Chief
Information Management Unit
Program Management Section